

FILED DEC 6 - 1956

STANDARD CERTIFICATE OF DEATH

38386

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 537

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Township		c. CITY OR TOWN Blue Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7712 Sni-A-Bar Cut Off		d. STREET ADDRESS (If outside, give location) 7712 Sni-A-Bar Cut Off	
Length of stay in 1b 15 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle ELMER Last CRIST			4. DATE OF DEATH Month November Day 29 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 6 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 7 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and state or country) Muscatine Iowa	
13. FATHER'S NAME Henry William Crist			14. MOTHER'S MAIDEN NAME Mary Edington		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -426-37		17. INFORMANT Address Mrs Marie Creech 7712 Sni-A-Bar Cut Off	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 Day 6 mo
DUE TO (b) angina Pectoris		
DUE TO (c)		
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201	
20c. TIME OF INJURY Hour 11:00 Month Nov Day 28 Year 1956 a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from July 24/56 to Nov 28/56 and last saw ^{him} alive on Nov 29/56 Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) H S Prentiss M.D.	22b. ADDRESS 900 Rialto Bldg - 1100 Nio	22c. DATE SIGNED 11/29/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec 2 1956	23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery	23d. LOCATION (City, town, or county) (State) Creston Iowa
24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-1-56	26. REGISTRAR'S SIGNATURE [Signature]

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

54

900-1111-1111
11/11/11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas A. Smith*

Licensed Embalmer No. 48

P. O. Address *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.